

JOINT COMPUTER CENTER MISSION NEED STATEMENT

For use of this form, see USMEPCOM Reg 25-9

MNS NO: _____

CATEGORY: Hardware _____ Software _____ Other _____

Estimated Cost of Requirements: _____

SECTION 1 (Originator)

1. TO: Director, Joint Computer Center

2. SUBJECT: _____ 3. DATE _____

4. REQUIREMENT(S):

5. EXPECTED BENEFITS:

6. Action Officer/Office/
Phone: _____

7. Deputy Director, Joint Computer Center
Signature _____

SECTION 2 Director, Joint Computer Center

Recommendation: Approve _____ Disapprove _____

Name _____ Signature _____ Date _____

Comments: